

Name: _____ KY: _____

Applicant Signature: _____ Date: _____

The following sheets are all part of the Customer Assessment Packet. All paperwork in this packet must be completed fully and returned to the WIOA Staff during your first interview. Incomplete paperwork will not be processed and can delay the enrollment process into the WIOA Program.

Customer Self-Assessment

Is there anyone else who knows YOU better than you do? It's possible, but not likely. This exercise is designed for you to determine some things about yourself and see if there are areas in which you may need additional assistance. Please answer the questions the best you can. If you feel uncomfortable with any of the questions, you may leave those blank. If there are areas in which you can use some assistance, we will gladly work with you.

Education

Indicate the highest grade you completed: 1 2 3 4 5 6 7 8 9 10 11 12

Do you have a High School Diploma or GED? Yes No

What other schooling or training have you had since high school? (Check all that apply.) Some College Years: _____

Some College Military Trade School Job Corps Associate's Degree (AA/AS) Bachelor's Degree (BA/BS)

Graduate Degree Other: _____ Degree(s): _____

Post-secondary schools attended: _____

Do you have any special Certificates or Licenses? Yes No If so, what kind? _____

Are you in school or training? Yes No If yes, training provider: _____

Program or Major? _____ Prospected graduation date? _____

My Employment History

Most recent employer: _____

Job Title: _____ Salary: _____

Date employed from: _____ Date employed to: _____

Reason for leaving: _____

Job duties: _____

Previous employer: _____

Job Title: _____ Salary: _____

Date employed from: _____ Date employed to: _____

Reason for leaving: _____

Job duties: _____

Previous employer: _____

Job Title: _____ Salary: _____

Date employed from: _____ Date employed to: _____

Reason for leaving: _____

Job duties: _____

What steps do you feel you need to take to get a job?

1. _____

2. _____

3. _____

Career Center Programs

Below are some services offered by the Career Center, please designate an [x] for areas of interest.

- Job Search Workshop Skills Assessment On-the-Job Training Resume' Writing Workshop Developing an Effective Job Search
- Learning Prospective Employer Expectation Career Exploration Interviewing Skills Workshop Basic Computer Training
- Career Assessments Occupational Skills Training Identifying Employment Opportunities Learning How to Complete a Job Application
- Learning How to Find Employment Opportunities Other: _____

How much are you willing/able to work? Full-time Part-time Either Days Evenings Nights Split

What is the lowest wage you are willing to accept? \$ _____ per hour.

How many miles are you willing to commute (one way) for work? _____

Have you applied for unemployment insurance?

- Yes, but no determination yet No, ineligible Please explain: _____
- Yes, but denied No, currently employed
- Yes, but have exhausted benefits No, but plan to do so

Other Programs

- TANF SSI Vocational Rehabilitation
- HUD Housing Adult Education Retirement Pension
- Worker's Compensation Veteran's Affairs Other: _____
- Community Action Agency SNAP (Food Stamps)

Transportation

Mark [x] on all transportation you have available to use: Own Car/Truck Bus Friend/Family Ride-Share/Carpool Walk Cab
 Other: _____

How reliable is this transportation? Very reliable Somewhat reliable Not reliable

Do you have a driver's license? Yes No Suspended or revoked Expired Lost or stolen

License class: A B C D (regular driver's license) Other: _____

Do you have any driving offenses? Yes No If yes, what kind? _____

Do you have vehicle insurance? Yes No

Childcare

For your job search or new job, how will you handle family/childcare, if needed?

Do you have a primary family/childcare provider? Yes No

Mental/Emotional Health

Do you feel you are in need of counseling services? Yes No

Are you currently receiving counseling services? Yes No

Medical/Physical Issues

Do you have health coverage? Yes No

Do you have health problems that prevent you from working? Yes No

If yes, describe the health problem:

Do you have medical documentation for the above? Yes No

Do you have a Vocational Rehabilitation Counselor? Yes No If yes, name and location: _____

Have you filed for or are you receiving Worker's Compensation? Yes No If yes, when? _____

Have you filed for or are you receiving disability (SSI/SSDI)? Yes No

If yes, when? _____

Legal Services

Are you involved with legal matters that will interfere with: Work Your ability to seek and accept employment None

Please explain:

Are you currently on probation or parole? Yes No

If yes, name and location of Probation/Parole Officer: _____

Do you have community service obligations? Yes No If yes, how many? _____ If yes, when? _____

Interests and Abilities

In choosing a job / career, you need to know if your experience, skills, training, interests, and abilities will prepare you for the job:

What job/career do you want? _____

What interests you about this job/career? _____

What work experience leads you to believe you would enjoy this job/career?

What have you found out about your job/field of interest from friends, relatives, and/or acquaintances that do this type of work?

What other occupations have you explored? _____

Along with the ability to perform specific job duties, it is important that the job matches your interests.

Have you taken any interest or ability assessments? Yes No

If yes, what assessments? _____

Financial Responsibility

Of the cost of school is more than our scholarship, how do you plan to pay for the remainder of school costs?

Work Search Record

Complete all information requested for each contact, if possible. **"Method of Contact"** means in person, mailed application (or resume), telephone, E-mail, etc. **"Results"** means application (or resume) submitted, interview scheduled or received, etc.

DATE OF CONTACT	NAME, ADDRESS, & PHONE NUMBER OF EMPLOYER	TYPE OF WORK	METHOD OF CONTACT	RESULTS	APPLICATION OR RESUME FILED?
			<input type="checkbox"/> In person <input type="checkbox"/> Telephone <input type="checkbox"/> Mail, E-mail, or Fax	<input type="checkbox"/> Not hiring <input type="checkbox"/> Pending <input type="checkbox"/> Hired	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> In person <input type="checkbox"/> Telephone <input type="checkbox"/> Mail, E-mail, or Fax	<input type="checkbox"/> Not hiring <input type="checkbox"/> Pending <input type="checkbox"/> Hired	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> In person <input type="checkbox"/> Telephone <input type="checkbox"/> Mail, E-mail, or Fax	<input type="checkbox"/> Not hiring <input type="checkbox"/> Pending <input type="checkbox"/> Hired	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> In person <input type="checkbox"/> Telephone <input type="checkbox"/> Mail, E-mail, or Fax	<input type="checkbox"/> Not hiring <input type="checkbox"/> Pending <input type="checkbox"/> Hired	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> In person <input type="checkbox"/> Telephone <input type="checkbox"/> Mail, E-mail, or Fax	<input type="checkbox"/> Not hiring <input type="checkbox"/> Pending <input type="checkbox"/> Hired	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> In person <input type="checkbox"/> Telephone <input type="checkbox"/> Mail, E-mail, or Fax	<input type="checkbox"/> Not hiring <input type="checkbox"/> Pending <input type="checkbox"/> Hired	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> In person <input type="checkbox"/> Telephone <input type="checkbox"/> Mail, E-mail, or Fax	<input type="checkbox"/> Not hiring <input type="checkbox"/> Pending <input type="checkbox"/> Hired	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> In person <input type="checkbox"/> Telephone <input type="checkbox"/> Mail, E-mail, or Fax	<input type="checkbox"/> Not hiring <input type="checkbox"/> Pending <input type="checkbox"/> Hired	<input type="checkbox"/> Yes <input type="checkbox"/> No

I certify that this information is true and complete to the best of my knowledge.

Applicant Signature: _____

Date: _____

Reviewed by: _____

WIOA Staff Signature: _____

Date: _____